



City of Hialeah

Final Decision

Planning and Zoning Board
(Packet)

The attached application Must be Completed (Printed in ink or typed) and submitted with all enclosures referred to therein, to the Planning Division of the Hialeah Planning and Development Department, 2nd floor, City Hall, before advertisement may be made for a public hearing.

The applicant is reminded that the change requested in this application Must be Justified and the mere filling of the application or appearance at the public hearing does not assure approval of the application.

ALL QUESTIONS MUST BE ANSWERED

The following forms are included in this packet.

1. Instructions sheet
2. Application Form (Pages 1-3)
3. Disclosure of interest Form

PLEASE NOTE

Letters of Authorization, Power of Attorney, etc.

MUST BE NOTARIZED

City of Hialeah
Application for Final Decision
Planning and Zoning Board

Instructions

Applicant Information (Lines 1 through 4)

The individual submitting this application is required to complete this section. If the applicant is a joint property owner, a trustee, a corporation, or a partnership, notarized supporting documentation is required to show that the applicant is authorized to submit the application. **Any application missing said documentation is subject to be returned.**

Property Information (Lines 5 through 8)

- | | |
|--------|---|
| Line 5 | The folio number is recorded in the Miami-Dade County tax rolls. |
| Line 6 | The address as listed in the Miami-Dade County tax rolls or the approximate location. |
| Line 7 | Legal description as stated in the survey of the property. |
| Line 8 | Existing Zoning Designation. (Office use only) |

Requested Adjustments (Lines 9 through 9c)

- | | |
|--------|--|
| Line 9 | Enter requested adjustments(s) in the appropriate blanks. Lines 9a and 9b are for adjustments specifically related to accessory buildings and metal utility sheds. Lines 9c is for adjustments specifically related to signs. If your request is not included on this form, contact the Planning Division, (305) 883-8075 or (305) 883-8076, for further instructions. |
|--------|--|

Affidavit (Lines 11 through 14)

- | | |
|---------|--|
| Line 12 | The applicant(s) name is printed or typed and the applicant(s) relationship to the property is to be indicated. Applications received without notarized documentation supporting the applicant's authorization to act on behalf of the legal owner will be returned. It is the applicant's responsibility to ensure that all documentation is attached. |
| Line 13 | Signature of the applicant(s) whose name(s) appears on line 12. |
| Line 14 | Jurat, to be completed by a Notary Public. |

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Applicant Information

- 1) ☐ Owner of Property ☐ Representative
- 2) Name: _____
- 3) Home Phone: _____ 3a) Work Phone: () _____
- 4) Mailing Address: _____
- City: _____ State: _____ Zip Code: _____

Property Information

- 5) Folio Number: _____
- 6) Address of Location: _____
- 7) Legal Description: _____

Requested Setback Adjustment

- 8) Existing Zoning (Office Use): _____
- 9) Setback adjustments being requested:
- Front: _____ Rear: _____
- Interior side(s): _____
- Corner lot side abutting the street: _____
- 9a) For addition of an accessory building (CBS/WOOD construction)
- Nearest distance between main residence and accessory building: _____
- Nearest distance between accessory building and property line: _____
- Side setback for accessory building: _____
- 9b) For metal utility shed
- Nearest distance between utility shed and property line: _____
- Side setback for utility shed: _____

Sign Adjustment(s)

- 9c) For Sign(s)
- Front setback: _____ *Side setback(s):* _____
- Rear setback: _____
- Number: _____ Type / Feature: _____

Justification for Request

10) Special conditions or reasons justifying Please enter text here

AFFIDAVIT

State of Florida

County of Miami-Dade

11) (I) (We) acknowledge that any corrections to submitted materials and/or supplemental requirements, if any must be submitted before a hearing an before advertised.

12) (I) (We), _____ say that
(I am) (We are) the ☐ Owners of the property
☐ Representative of the owner of the property
and (I) (We) affirm that all answers are true and accurate to the best of my/our knowledge.

13)	_____ Applicant(s) Signature	_____ Applicant(s) Signature
	_____ Applicant(s) Signature	_____ Applicant(s) Signature

14) The foregoing instrument was acknowledged before me on this ____ day of Month, Year by Applicant.

Did take an oath ☐ or Did not take an oath ☐
Personally known ☐ or Produced identification ☐

Type of identification produced: _____

Signature of Notary Public

Name of Notary Typed, Printed, or Stamped

My Commission Expires

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The following enclosures are needed to complete this application

- a. **25 copies** of a **Special Purpose Survey**, (An as-built survey, less than six months old, which includes, both on-site and off-site distances to adjoining buildings, the square footage of the lot and the square footage of permeable area, lowest finished floor elevation and flood insurance rate map data). (At least one copy with Surveyor's embossed seal).
- b. **25 sets of plans** that include a plot plan and a floor plan of the existing residence and any proposed addition.
- c. Prior to the hearing, city-supplied signs will need to be posted on the property. The sign(s) shall contain the day, date, time and location of the hearing. The sign(s) shall also include the applicant's name, the location of the property, and the request. The sign(s) shall be placed in public view on each frontage of the property with a minimum of one (1) sign per one hundred sixty-five (165) feet apart. The number of signs required is determined by the Planning Division. The cost of such and/or signs is paid for by the applicant. Each sign costs \$5.00.
- d. **Hearing fee of \$100.00**

Triple Fee shall apply if a building addition or alteration has been commenced without a building permit and/or prior to the approval of the applied for adjustment, if such adjustment is necessary in order to legally allow said building addition or alteration.

Any 100% service-connected disabled veteran, upon proof of such disability, shall receive a 50% reduction in fees for an application filed on said disabled veteran's homestead, providing said veteran has owned said homestead property according to the Public Records of Miami-Dade County Florida, for a period of at least two years prior to the date of this application.

Disclosure of all Parties in Interest

Type of Application:

Types: (Platting, Rezoning, Variance, Special Use Permit, conditional Use Permit, Final Decision, Land Use Map Amendment)

* If applicant is corporation or partnership, all offices and or partners shall disclose their name and addresses.

Name(s) and Address(es) of all legal and/or Equitable Owners, even if said property is held in trust for same: _____

Name(s) and Address(es) of those having any interest in an contract for sale of said property, including real estate brokers and sales persons: _____

Mortgage(s) of Property: _____

All those having any interest in a contract for sale, shall disclose whether they are acting in trust and/or for an undisclosed principal and, if so, shall disclose the name(s) and address(es) of the beneficiary(ies) of the trust or the principal(s) and their interest in the contract: _____

The disclosure required must be made and or updated within a reasonable time, as may be necessary, in order to ensure that the information disclosed is accurate at the time of filing and at all times thereafter, specifically, at dates upon which action is discussed and/or taken upon such property.

A f f i d a v i t

This is to certify that the undersigned (has) (have) prepared the foregoing disclosure of all parties in interest on property legally described as:

Located on/at: _____

(I) (We) further understand that any change(s) in said disclosure shall be updated and accurate at all times, specifically at dates upon which action is discussed and/or taken on said property.

(I) (We) further certify that to the best of (my) (our) knowledge it is a complete disclosure.

Signature

Affix Corporate
Seal

[]

Signature

State of Florida
County of Miami-Dade

The foregoing instrument was acknowledged before me on this ____ day of month
year, by _____

(Owner/Representative)

Did take an oath ☐ or Did not take an oath ☐

Personally known ☐ or Produced identification ☐

Type of identification produced: _____

My Commission Expires

Signature of Notary Public

Prepared by: City of Hialeah
Planning and Zoning Division
501 Palm Avenue, Second Floor
Hialeah, Florida 33010

Declaration of Use

()

Re: _____

(I) (We), as owner(s) of the property herein identified, hereby agree and bind (myself) (ourselves) and (my) (our) successors, as follows:

The below-described property shall only be used as single family residence. No addition or improvement will change the use of the property as single family residence. There will be only one kitchen on the premises in accordance with the R-1 zoning regulations. (I) (We) will voluntarily allow access inside the premises, to a City of Hialeah inspector, upon reasonable notice, for the sole purpose of compliance with provision of this Declaration of Use.

Property located at _____ Hialeah, Florida
Subdivision, _____
as recorded in Plat Book _____, Page _____, of the Public Records of Miami-Dade County, Florida.
Folio No.: _____

It is agreed that this declaration shall be a covenant running with the land, and shall remain in full force and effect until such time as the same may be released in writing by the City of Hialeah.

Witness Signature ☐ Owner(s) or ☐ Buyer(s) Signature

Print / Type Witness Name ☐ Print / Type Owner(s) or Buyer(s) Name

Address of Witness ☐ Address of Owner(s) or Buyer(s)

Witness Signature ☐ Owner(s) or ☐ Buyer(s) Signature

Print / Type Witness Name ☐ Print / Type Owner(s) or Buyer(s) Name

Address of Witness ☐ Address of Owner(s) or Buyer(s)

State of Florida
County of Miami-Dade

I HEREBY CERTIFY that on this _____ Day of _____, 20____, Before me, an officer duly authorized in the State of Florida and in the County of Miami-Dade, to take acknowledgments, personally appeared

_____ to me known to be the person(s) described herein and who executed the foregoing instrument, and he/she/they acknowledged before me, under oath, that he/she/they executed same.

Witness my hand and official seal this _____ day of _____, 20____.

Notary Public, State of Florida ☐ Personally known to me, or
☐ Produced identification:

(Name of Notary Public: Print, Stamp, or Type as
Commisioned) Identification produced:

☐ Did take an oath
☐ Did NOT take an oath

PLEASE BE ADVISED OF THE FOLLOWING:

1. Document must be signed and notarized by owner(s).
2. Document is to be returned to the Hialeah Planning and Zoning Division, 501 Palm Ave-2nd Floor.
3. **Fee: \$10.00** – Payment must be in the form of a **money order or cashier's check.**

Made Payable to: **Clerk of the Circuit Court**

Dade County, Florida